

***WASHINGTON STATE 1115 DEMONSTRATION WAIVER—FAMILY PLANNING  
HCFA Approval Letter***

*[HCFA Deputy Administrator Letterhead]*

*[Date stamped MAR – 6 2001]*

James C. Wilson, Assistant Secretary  
Medical Assistance Administration  
State of Washington  
Department of Social and Health Services  
P.O. Box 45080  
Olympia, Washington 98504-5080

Dear Mr. Wilson:

We are pleased to inform you that Washington State's request for a Medicaid section 1115 demonstration to provide family planning services has been approved as project No. 11-W-00134/0-01 for a 5-year period beginning March 1, 2001 (or for 5 years from the date of implementation if the program is implemented after this date).

Our approval of this demonstration (and the Federal matching funds provided thereunder) is contingent upon compliance with the enclosed Special Terms and Conditions. These Special Terms and Conditions also define the nature, character, and extent of anticipated Federal involvement in the project. This award is subject to our receiving your written acceptance within 30 days of the date of this letter.

We also want to take this opportunity to applaud your efforts to promote abstinence in family planning counseling through clinical practice and educational materials.

Under authority of section 1115(a)(2) of the Social Security Act, the following expenditures that would otherwise not be regarded as expenditures under Section 1903 will, for a 5-year period beginning March 1, 2001 (or for 5 years from the date of implementation if the program is implemented after that date), be regarded as expenditures under the State's Title XIX plan: Expenditures for family planning services under this demonstration to men and women of childbearing age, who are not otherwise Medicaid eligible, in families with incomes at or below 200 percent of the Federal Poverty Level.

Your project officer is Saul Goldberg. He is available to answer any questions concerning the scope and implementation of the project described in the application. Communications regarding program matters should be submitted to Mr. Goldberg at:

Health Care Financing Administration  
7500 Security Boulevard, S2-01-16  
Baltimore, MD 21244-1850

Page 2 – James C. Wilson

Telephone: 410-786-6964  
Fax Number: 410-786-5882  
E-Mail Address: [SGoldberg@HCFA.gov](mailto:SGoldberg@HCFA.gov)

You may also contact Elizabeth (Liz) Trias in our Seattle Regional Office at (206) 615-2400.

We extend our congratulations on your receiving this award and look forward to working with you during this project.

Sincerely,

*/s/ Michael McMullan*

Michael McMullan  
Acting Deputy Administrator

Enclosure